

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13685

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name John E Morrison Jr

P.O. Box, Bldg., Room No., if any

Street 105 East Garrett Street

City Louisville

State Kentucky ZIP Code + 4 40214

4. Name, file number, and address of labor organization.

Name Electrical Workers IBEW AFL-CIO

Labor Organization File Number 022-469

P.O. Box, Building and Room Number, if any

Street 4315 Preston Highway, Suite 102

City Louisville

State Kentucky ZIP Code + 4 40213-2031

5. Position in labor organization. Vice President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed John E Morrison

On 3/29/06
Date

(502) 368-2568
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

01/12/05 Committee meeting - lost time pay.
01/13/05 Paid by check.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lou Elect Joint Apprent & Training Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4315 Preston Highway, Suite 100

City Louisville

State Kentucky ZIP Code + 4 40213-2031

14.a. Nature of payment.

02/09/05 Committee meeting - lost time pay.
02/10/05 Paid by check.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$206

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lou Elect Joint Apprent & Training Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4315 Preston Highway, Suite 100

City Louisville

State Kentucky ZIP Code + 4 40213-2031

14.a. Nature of payment.

03/02/05 - 03/04/05 National JATC seminar,
Clearwater FL.

Hotel bill, Sheraton, paid by Lou Elect Joint
Apprent & Training Comm \$441.

Air fare, Delta, paid by Lou Elect Joint Apprent
& Training Comm \$213.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$654

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lou Elect Joint Apprent & Training Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4315 Preston Highway, Suite 100

City Louisville

State Kentucky ZIP Code + 4 40213-2031

14.a. Nature of payment.

08/01/05 - 08/05/05 National Training Institute,
Knoxville TN.

Hotel bill, Knoxville Marriott, paid by Lou Elect
Joint Apprent & Training Comm \$921.

Car Rental, Trifty, paid by Lou Elect Joint
Apprent & Training Comm \$362.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$1,183

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lou Elect Joint Apprent & Training Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4315 Preston Highway, Suite 100

City Louisville

State Kentucky ZIP Code + 4 40213-2031

14.a. Nature of payment.

10/12/05 Committee meeting - lost time pay.
10/19/05 Paid by check.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$258

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lou Elect Joint Apprent & Training Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4315 Preston Highway, Suite 100

City Louisville

State Kentucky ZIP Code + 4 40213-2031

14.a. Nature of payment.

10/14/05 Graduation ceremony - lost time pay.
10/19/05 Paid by check.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$129

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lou Elect Joint Apprent & Training Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4315 Preston Highway, Suite 100

City Louisville

State Kentucky ZIP Code + 4 40213-2031

14.a. Nature of payment.

10/18/05 Meeting with Mike Callanan, National
JATC director - lost time pay.
10/19/05 Paid by check.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$258